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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL

Attorney Docket No.: P-9869.00
Express Mail No.: EF157600923US

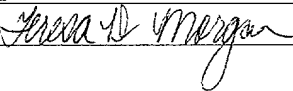
First Named Inventor or Application Identifier: SWOYER ET AL.
Title: IMPLANTABLE GASTRIC STIMULATION LEAD WITH BARBED FIXATION

CERTIFICATE UNDER 37 CFR SECTION 1.10 I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope address "EXPRESS MAIL addressed to Box Patent Application, U S P T.O., P O Box 2327, Arlington, VA 22202, on this 11th day of January, 2002.

Teresa Morgan

Printed Name

Signature



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BOX PATENT APPLICATION

U.S. P.T.O.
P.O. Box 2327
Arlington VA 22202

Sir:

We are transmitting the following:

- ☒ **Transmittal (in duplicate)**
- ☒ **Specification:** Total Pages: 48 (specification 23 sheets; claims 24 sheets; abstract 1 sheet)
- ☒ **12 Sheets of Informal Drawings**
- ☒ **Signed Combined Declaration and Power of Attorney**
- ☒ **Recordation Form Cover Sheets, Assignment**
- ☒ **Return Postcard**

- ☒ This application claims the benefit of U.S. Provisional Application(s) Serial No. 60/265,369 filed January 31, 2001, Serial No. 60/265,503 filed January 31, 2001; and Serial No. 60/265,505 filed January 31, 2001.

- ☒ Address all future correspondence to:

Eric R. Waldkoetter
Reg. No. 36,713
Medtronic, Inc.
710 Medtronic Parkway
MS: LC340
Minneapolis, MN 55432-5604
Telephone: (763) 505-0420
27581

FEE CALCULATION

	No. Of Claims Filed	Claims Included in Base Fee	No. Of Extra Claims	Rate	Fee
Total Claims	83	20 =	63	x \$18	\$1,134.00
Independent Claims	4	3 =	0	x \$84	\$ 336.00
Multiple Dependent Claim(s)		0 =		+ \$ 280	\$ 0.00
Basic Filing Fee			0		\$74.00
TOTAL					\$1,558.00

- ☒ Charge Deposit Account No. 13-2546 the sum of \$740.00 (Filing Fee), \$1,218.00 for extra claims fee and \$40.00 for Assignment recordation fee for a total of **\$1,958.00**

- ☒ The Commissioner is hereby authorized to charge any fees, which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

11 JAN 02

Date



Eric R. Waldkoetter
Attorney Reg. No. 36,713
Medtronic, Inc.
710 Medtronic Parkway, MS: LC340
Minneapolis, MN 55432-5604
Telephone: (763) 505-0420
27581